2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030156

Entity Name: CHADWICK ENTERPRISES, INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

701 POINSETTA RD P.O. BOX 11407

SHADY HILLS, FL 34610 US #206

BELLEAIR, FL 33756 US

New Mailing Address: Current Mailing Address:

701 POINSETTA RD P.O. BOX 11407

#206 SHADY HILLS, FL 34610 US BELLEAIR, FL 33756 US

FEI Number: 59-3375708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CHADWICK, LORELIE HELLER, BARBARA 701 POINSETTA RD # 206 18044 FÉRRERA AVE BELLEAIR, FL 33756 SPRING HILL, FL 34610 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA HELLER 04/13/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete CHADWICK, LORELIE HELLER, BARBARA Name: Name: 701 POINSETTA RD # 206 P.O. BOX 11407 Address: Address:

City-St-Zip: BELLEAIR, FL 33756 City-St-Zip: SHADY HILLS, FL 34610 US

Title: VΡ Title: VΡ () Delete (X) Change () Addition HAGER, WILLIAM R Name: Name: HAGER, WILLIAM R

PO BOX 11407 P.O. BOX 11407 Address: Address:

SPRING HILL, FL 34610 SHADY HILLS, FL 34610 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

HELLER, BARBARA A Name: Name: PO BOX 11407 Address: Address: City-St-Zip: SPRING HILL, FL 34610 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: BARBARA HELLER 04/13/2005